PERSONAL INJURY COMMISSION

CERTIFICATE OF DETERMINATION - CONSENT ORDERS

|  |  |
| --- | --- |
| **Matter Number:** |  |
| **Applicant:** |  |
| **Respondent:** |  |
| **Date of agreement:** |  |

Consent Orders



# Notations



Applicant’s solicitor Respondent’s solicitor

…………………………….. ……………………………..  
Signature Signature

…………………………….. ……………………………..

Print name: Print name:

Firm:       Firm:

DX:       DX:

The Commission determines the dispute between the parties in accordance with the above Consent Orders.

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**Member/Division Head  
Workers Compensation/Motor Accidents Division**

Date of determination: